

# MEDICATION STORAGE INSPECTION WORKSHEET

Date	Time	Storage Areas Reviewed
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Person Conducting Review: \_\_\_\_\_

**MEDICATION STORAGE AREA**

	YES	NO	COMMENTS
Required information is posted in medication storage room or in residents' MAR	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage areas are secure when not under direct supervision of staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
Only authorized personnel have possession of medication storage keys	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage area is well-lit and room temperature is proper (59°-86°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Syringes and needles are disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral medications are kept separate from externally used medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring storage "in a cool place" are refrigerated unless otherwise directed on the label	<input type="checkbox"/>	<input type="checkbox"/>	_____

**REFRIGERATOR**

	YES	NO	COMMENTS
Refrigerator is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is within proper range (36°-46°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications are separated from non-medication items	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued and expired medications are not present	<input type="checkbox"/>	<input type="checkbox"/>	_____

**MEDICATION CART**

	YES	NO	COMMENTS
Medication carts are in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication carts are clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication carts are secure when not under direct supervision of staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keys are in possession of authorized personnel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication packages are properly labeled with residents' names	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RESIDENTS' ROOMS**

	YES	NO	COMMENTS
Storage areas are locked at all times	<input type="checkbox"/>	<input type="checkbox"/>	_____
The medication storage area is clean and free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral medications are kept separate from externally used medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Room Temperature medications are kept at temperatures ranging (59°-86°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring refrigeration are stored securely in the resident's refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refrigerator temperature is within proper range (36°-46°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring storage "in a cool place" are refrigerated unless otherwise directed on the label	<input type="checkbox"/>	<input type="checkbox"/>	_____

